



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT</b> <b>SPECIAL REQUESTS FOR NON-AGREEMENT VARIOUS VENDOR PURCHASE ORDERS</b>	<b>POLICY NO.</b> <b>801.1</b>	<b>EFFECTIVE DATE</b> <b>10/1/89</b>	<b>PAGE</b> <b>Page 1 of 3</b>
<b>APPROVED BY:</b> <b>original signed by:</b> <b>ROBERTO QUIROZ</b>  Director	<b>SUPERSEDES</b> <b>802.3</b> <b>2/27/81</b>	<b>ORIGINAL ISSUE DATE</b> <b>2/27/81</b>	<b>DISTRIBUTION LEVEL(S)</b> <b>1</b>

### PURPOSE

- 1.1 To establish guidelines for the purchase of low cost, non-stock, and non-agreement goods and services directly from a vendor (store or similar supplier).

### POLICY

- 2.1 Upon verification of appropriation and funds availability, the Department of Mental Health (DMH) Procurement Officer is permitted to issue various vendor purchase orders for sundry goods and services for purchase directly from a vendor. Purchase orders are restricted to dollar amounts that exceed the prevailing petty cash reimbursement allowance but which do not exceed the maximum various vendor allowance established by the Internal Services Department (ISD). Persons with approval responsibility will scrutinize each request for reasonableness of cost, appropriateness and program necessity.
- 2.2 Non-agreement Various Vendor Purchase orders are not to be used for active/repetitively used items. Such items should be quantified and submitted to ISD for the formal competitive bid process. High cost or voluminous orders must not be fragmented to avoid the formal bid requirement.

### BACKGROUND

- 3.1 The ISD has decentralized the authority to engage in non-agreement various vendor purchase orders to County Department/District heads. Such purchases are restricted to sundry goods and services of relatively low cost and infrequent usage, which are not stocked by ISD and/or are not available from an ISD agreement (contract) vendor. The total costs of a non-agreement various vendor order must fall within the range of \$101 to \$5,000.
- 3.2 A single quotation (vendor price quotation) is required for purchases between \$101 and \$750. Either one or more best source(s) or two (2) quotations are required for purchases between \$751 and \$1550. Three (3) quotations are required for purchases between \$1,501 and \$5,000. (Purchases of \$100 or less should be accommodated via the petty cash system.)



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### **PROCEDURES**

- 4.1 Non-Agreement Various Vendor Purchase Orders will be processed as follows:
- 4.1.1 Requestor identifies vendor (supplier) willing to provide the required goods/services under the provisions of the County Various Vendor Purchase Order System.
  - 4.1.2 Requestor completes a Special Request Form, MH269 (Attachment I [10/99 revision]) and forwards it to the requestor's Supervisor. After approval, the request is forwarded to the appropriate Bureau Director/District Chief for second-level signature approval and is then forwarded (3 copies) to the Administrative Support Bureau (ASB).
  - 4.1.3 The Procurement Officer is responsible for verifying the authorizing signature as valid for the designated cost code. (Improperly signed requests will be returned to the requestor unprocessed.)
  - 4.1.4 The Procurement Officer will submit correctly prepared Special Requests to the Chief, ASB, for funds approval and authorization to issue a various vendor purchase order number.
  - 4.1.5 The Chief, ASB is responsible to coordinate with the DMH Expenditure Control Officer for funds encumbrance prior to authorizing the issuance of a purchase order.
  - 4.1.6 The Chief, ASB will authorize the Procurement Officer to process the approved request or to return denied requests with explanation as provided by the Chief.
  - 4.1.7 The Procurement Officer will issue a Purchase Order for approved requests and will provide same to the requestor. (Attachment II)
  - 4.1.8 The requestor will present the Purchase Order to the vendor (supplier) as billing authorization for goods/services received.
  - 4.1.9 The requestor will ensure that sales receipt and/or other identifying purchase documentation is mailed promptly to DMH Accounting Division, Accounts Payable Unit.
  - 4.1.10 The Chief, Accounting Division, will be responsible to process the billing for payment by the Auditor-Controller upon verification that all paperwork is in order and appropriation is available.



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4.1.11 All documents verifying purchases must exhibit both the purchase order number and the receipt of goods/services signature.

### **AUTHORITY**

Purchasing & Stores Bulletin #658, 6/21/88

### **ATTACHMENTS**

Attachment I	Special Request form [10/99 revision]
Attachment II	Purchase Order Approval letter

**LOS ANGELES COUNTY**  
**DEPARTMENT OF MENTAL HEALTH**  
 550 SO. VERMONT AVENUE  
 LOS ANGELES, CA 90020

801.1 Attachment I

**SPECIAL REQUEST**

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

REQUESTING UNIT \_\_\_\_\_

CONTACT PERSON/TEL \_\_\_\_\_

FAX NO. \_\_\_\_\_

SR# \_\_\_\_\_

FUND/ORG
UNIT CONTROL NO.

ACCT.

DATE: \_\_\_\_\_

ITEM NO.	QTY.	UNIT	UNIT COST	DESCRIPTION	EXT. AMT.	QTY. REC'D.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

JUSTIFICATION: \_\_\_\_\_

Vendor Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Vendor Contact/Tel: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROCUREMENT USE ONLY**

ADMINISTRATIVE SERVICES DIVISION		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold
Signature _____		
Date _____		

<b>ORDER TOTAL</b> Sub Total \$ _____ Cash Discount \$ _____ Tax \$ _____ Freight/Labor \$ _____ <b>TOTAL AMOUNT \$ _____</b>	<b>ORDER PROCESSED</b> P.O. #: _____ Person Contacted: _____ Vendor: _____ Terms: _____ Delivery Date: _____ By: _____ Date: _____
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RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**COUNTY OF LOS ANGELES**

MARVIN J. SOUTHARD, D.S.W.

*Director*

SUSAN KERR

*Chief Deputy Director*

RODERICK SHANER, M.D.

*Medical Director*

BOARD OF SUPERVISORS

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**DEPARTMENT OF MENTAL HEALTH**<http://dmh.co.la.ca.us>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To:

Fax:

THIS PURCHASE ORDER CANNOT BE COMBINED WITH ANOTHER PURCHASE ORDER. IF THE PURCHASE ORDER IS NOT USED WITHIN 90 DAYS OF ISSUE DATE, RETURN IT TO PROCUREMENT FOR CANCELLATION.

Purchase Order Number \_\_\_\_\_ is issued to \_\_\_\_\_

Unit Control Number \_\_\_\_\_ Date requested \_\_\_\_\_

FACILITY NAME

ADDRESS

TELEPHONE NUMBER

for purchase at \_\_\_\_\_

VENDOR

ADDRESS

Purchases may not exceed \$\_\_\_\_\_ including sales tax.

Reason \_\_\_\_\_

Procurement Officer's Signature

Date

**NOTICE TO VENDOR:**

Payment on this Purchase Order will be 4 to 6 weeks from the date of purchase. Please mail invoice in triplicate referring to the above Purchase Order No. to the following address:

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

550 S. Vermont Avenue

Los Angeles, CA 90020

Attention: Accounts Payable